PSYCHOLOGICAL LITERATURE.

PSYCHIATRY.

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ROUILLARD, *Deux cas de scarlatine compliquée de troubles mentaux*, Annales médico-psychologiques, 1891 XLIV. 262.

The author calls attention to the fact that while nervous and mental troubles are very frequent after small pox, less frequent after measles, they are very much less found after scarlatina. He does not affirm that scarlatina does not often attack the nervous system, for the relative frequency of the ataxic and ataxo-adynamic forms in scarlatina are shown by clinical experience. The connection of scarlatina with rheumatism is well known, as is also the fact that rheumatism plays a considerable rôle in nervous and mental diseases.

The interesting point to note is the late appearance of these troubles, after the eruption, during the convalescence, and even some time after the patient appears to have recovered,—a proof that the elimination of the scarlatinous poison takes place over a long time.

There are but few published cases in spite of the frequency of scarlatina.

Sée and Roger have shown the frequency of chorea after scarlatina. Genau, that of facial neuralgias, Sanné has observed a special rachialgia. Kennedy, in England, and Revillout, in France, have observed different paralyses, hemiplegias, paraplegias and monoplegias, generally curable and transitory. Weissemberg has published an observation on spinal meningitis in the course of the eruption, causing death in three days.

Mental troubles appear to have been observed more rarely. Shepard has published a case of paraplegia with transitory aphasia. In 1885 Abdy published one with partial hemiplegia and amnesia. Rouillard himself has reviewed the published cases of troubles of memory consecutive to scarlatina.

Rouillard adds to literature two cases of psychoses following scarlatina.

The cases presented no morbid heredity.

Case I. was that of a soldier aged 22. He had had three attacks of articular rheumatism.

During his scarlatina he had abundant albuminuria, with marked cerebral symptoms. After two months in the hospital he was sent home for convalescence, still very weak, but without fever. Three days after his arrival, without apparent cause, he had an attack of religious delirium, saying that he was no Christian, that he was a Jew, etc. That evening he had an attack of acute mania, uttering harsh and inarticulate cries, and seeing everywhere people who wished to kill him. The attack was so violent that he was covered with perspiration. A

viscid and sticky liquid came from his mouth. There was a second attack the next morning, with a high fever. At five o'clock that evening a third attack, with hallucinations, but the cries were less strong and the movements less violent. A period of depression succeeded this maniacal excitement, a melancholia characterized by an almost absolute mutism. To all questions the patient replied by shaking his head. In the course of this period the face was congested, the pupils moderately dilated, the respiration slow. The sensibility was preserved, but the perception suffered a marked retardation for the lower limbs. Constipation was obstinate. In spite of the apparent mental depression the strength was as well preserved in the lower as in the upper limbs.

If a limb was lifted the patient voluntarily kept it suspended until it was replaced in a condition of repose. During this whole period, from May to November, the patient presented no sign of any rheumatic pain. During August he slowly improved, and although he persisted in his mutism, yet his depression was not so profound. In reply to questions he would answer by signs with his head, and he appeared to wish to speak. The scarlatina had begun Feb. 24; on Nov. 2 his father announced that his son had recovered, and Rouillard was able to verify this. Patient replied intelligently to questions and had a perfect recollection of all that had happened. He had known what was asked him, but could not explain his inability to speak.

The second case was also a soldier, with no other heredity than rheumatism in the father. He had entered the hospital for pneumonia. On the sixteenth day, while convalescing from the pneumonia, an attack of scarlatina came on. This assumed a grave character from the beginning, and was complicated in a few days by a pleurisy. The urine contained a marked amount of albumen, and the patient fell into a state of stupor and enfeeblement with subnormal temperature.

Two months after admission he was sent off for two months of convalescence. At the end of the first month he had an attack of epilepsy. On his return to his troop two months later he had another, and this was followed by others.

In the discussion Auguste Voisin recalled two cases of acute mania in two girls in the first period of scarlatina.

Charpentier considered that Rouillard had not proved the existence of scarlatina, referring to the fact that among the insane there may be erythemata simulating scarlatina.

Gilbert Ballet also took exception to the conclusions of Rouillard, who seemed to consider that he had described a special form of epilepsy and insanity—a scarlatinous epilepsy and insanity. With regard to the first case he would not agree with Rouillard. He would be inclined to think that the epileptiform attacks were symptomatic of uræmia, although in certain details Rouillard's observation seemed to contradict this interpretation. Even admitting that they were veritable epileptic attacks, this would be by no means a reason for designating the trouble a scarlatinous epilepsy. He would hold further that it had not been proved that scarlatina played any rôle in the development of the mental troubles described by Rouillard. In reply Rouillard claimed that he had broached no theory, but had simply reported two cases, which were rare, and well authenticated; he had not spoken of scarlatinous insanity, but had only spoken of mental alienations developed subsequent to scarlatina; there was no scarlatinous insanity any more than there was a cardiac or a cancerous insanity. But it is still necessary to recognize that etiology is the principal factor in the classification of mental diseases. Without saying *post hoc ergo propter hoc* it is necessary, however, to take into account the conditions under which insanity develops. Is there an insanity consecutive to acute diseases, and

especially to eruptive fevers? And does this mental affection have special characteristics? Rouillard does not know, and does not wish to prejudge the question. Observations must be collected and facts grouped in order to be able to draw useful conclusions.

Auguste Voisin recalled two cases of Bright's disease, in the course of which there had been several epileptiform vertigos, followed by hallucinations; by melancholic delirium, characterized especially by the idea that they were not at home, not recognizing their furniture, nor their pictures, nor their rooms.

THAYER, *A case of melancholia following typhoid fever*, Johns Hopkins Hospital Bulletin, 1892 III. 12.

Twelve days after the patient's temperature had become normal in his convalescence, he appeared for the first time to be nervous and anxious about his condition. Asked if he was very ill and if there was any chance of his recovery, saying one of the patients had told him he was very ill. Fifteen days after the temperature had become normal, his physical condition having steadily improved, and the diet having been increased to nearly normal proportions, he was allowed to sit up for a short time out of bed. On the same evening he was found to be in a very nervous condition. He was despondent, weeping, and when the physician came by, seized his hand and begged him to save him. He declared that he had seen the head nurse read the order that he was to be cremated that evening, and had also seen her receive the announcement that the box in which the operation was to be performed had arrived and was stored in the room below. The patient became more silent and despondent, and was discharged two weeks later in a distinctly melancholic condition.

Dr. Hurd, in the discussion, said that such cases of insanity after any exhausting bodily disease were not uncommon. Insanity developed after the eruptive fevers, pneumonia, acute tuberculosis, typhoid fever, and in fact any sequel which interfered with the nutrition, assimilation and blood-making power of the patient. The delusions of such patients were those which accompany innutrition, and were characterized by suspicion and apprehension. The deficient blood supply to the brain, or rather the altered quality of the blood supply by reason of the preceding bodily disease, explained the delusions. The development of post-febrile insanity generally points to an hereditary tendency to mental disease. The presence of this insane heredity developing active disease under such circumstances lends an unfavorable prognosis in most cases. Sometimes they recover, but the majority develop chronic forms of insanity.

Dr. Osler said that in his experience, especially after typhoid fever, the prognosis was favorable, and cited several cases reported by him in Fasciculus I. of the Johns Hopkins Hospital Reports for 1890, where apparent recovery from mental disease after a tedious convalescence occurred.

MAIRET ET BOSC, *Recherches sur les causes de la toxicité de l'urine normale*, Arch. de physiol. norm. et path. 1891 III. 273.

A reference to the experiments of these authors on normal urine will be of service in considering the results obtained from the urine of the insane. Rabbits and dogs were used in the experiments. Injections were made in the femoral vein of the dog and the auricular vein of the rabbit. Fresh urine from persons 22 to 33 years of age was used, the individuals being of almost the same body weight and living in the same average conditions. With regard to the degree of toxicity, it requires 100 cc. of urine per kilogramme of body weight to kill a dog. With this dose the animal succumbs immediately or after some hours.